

**Eating and Feeding Evaluation for Children with Special Needs
INFORMATION CARD**

Student's Name:		School:	
		Teacher's Name:	
Special Diet or Dietary Restrictions			
Food Allergies or Intolerances			
Food Substitutions			
Foods Requiring Texture Modifications:			
Chopped:			
Finely Ground:			
Pureed or Blended:			
Other Diet Modifications:			
Feeding Techniques			
Supplemental Feedings			
Physician or Medical Authority:			
Name			
Telephone			
Fax			
Additional Contact: Name		Additional Contact: Name	
Telephone		Telephone	
Fax		Fax	
School Food Service Representative/Person Completing Form: Title			Date:
Signature			